Impulse Optics
140 Encinitas Blvd. Suite 110
Encinitas, CA 92024
Tele. 760.230.6394
Fax. 208.441.9253

For Internal Use
Date / /
Customer ID

Credit Card Authorization Form

I,_____,

hereby authorize Impulse Optics, Inc. to charge my credit card account for my purchase order #_____ and applicable shipping charges.

Credit Card Information:

( ) VISA ( ) MasterCard

Credit Card Number: _____

Expiration Date: _____ /_____ VID Code: _____ (3-digit code on the back of card)

Customer Service Telephone Number of Card Issuer: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code:_____ Country (if outside US): _____

Telephone: _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code:_____ Country (if outside US): _____

Telephone: _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

_____ Date: _____ /_____ /_____

Cardholder's Signature

As the credit card holder, I also authorize Impulse Optics, Inc. to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: _____ /_____ /_____

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. Impulse Optics will keep all information entered on this form strictly confidential.